

Community Health Worker Hours Counting Toward the Experiential Learning Requirement for the Biomedical Humanities Major

120 hours of the community health worker internship can count toward the experiential learning requirement for the Biomedical Humanities major. The student may divide these 120 hours among the Clinical Shadowing Internship Requirement of 120 hours and the Service Experience Requirement of 60 hours. Certification of completion of your hours takes place through the Community Health Workers Program. However, how those hours count toward your experiential learning requirements is determined *by this form*.

Please read carefully through the material below, complete the required information, and submit this form to:

Libby Jacobs
Administrative Assistant
School of Health and Medical Humanities
Gerstacker 116
11715 Garfield Rd.
Hiram, OH 44234
jacobse1@hiram.edu
330 569-5264 (office)
330-569-5448 (fax)

Service and Shadowing Internships Share the Following Goals:

We want students to accomplish the following in both their shadowing internship and service experiences:

- Recognize the context in which groups and individuals understand and respond to one another
- Integrate knowledge and skills obtained in the classroom and adapt them to work in a health care or service setting.
- Explore vocational fit through immersion in a variety of health care settings

These Goals are Unique to Shadowing Internships

- Comprehend the competing interests in modern healthcare
- Help students feel secure in their understanding of professional environments by immersion into the system and interaction with people involved in direct patient care.

These Goals are Unique to Service Experiences

- Interact with people from different backgrounds than their own
- Help students feel secure in their understanding of professional environments by immersion into the system and interaction with people involved in serving others.

COMMUNITY HEALTH WORKER HOURS DESIGNATION FORM

(to be completed by the student)

Biomedical Humanities Department, Hiram College

COMMUNITY HEALTH WORKER NAME: _____

TRAINING SITE/ADDRESS: _____

NAME AND TITLE OF SITE SUPERVISOR: _____

SUPERVISOR PHONE NUMBER: _____

SUPERVISOR E-MAIL: _____

Of the 120 hours of training you have completed, consider carefully how many of your hours of experience are best described by “shadowing” and how many are best described by “service.” Indicate the number of hours you wish to count toward each of the requirements below (the total should be no more than 120 hours):

_____ hours Shadowing Internship (120 hours maximum)

_____ hours Service Experience (60 hours maximum)

Signature of Student

Upon completion, please submit this form as an email attachment (preferred), or submit it via mail, fax, or by hand to:

Libby Jacobs
Administrative Assistant
School of Health and Medical
Humanities
Gerstacker 116
11715 Garfield Rd.
Hiram, OH 44234
jacobse1@hiram.edu
330 569-5264 (office)
330-569-5448 (fax)

Please additionally ensure that your supervisor completes the following evaluation form.

SHADOWING/SERVICE EXPERIENCE STUDENT EVALUATION FORM FOR COMMUNITY HEALTH WORKERS

Biomedical Humanities Department, Hiram College

HIRAM INTERN: _____ ADDRESS*: _____
 SUPERVISOR*: _____
 ORGANIZATION*: _____
 PHONE*: _____
 EMAIL*: _____ FAX*: _____

(*A business card might suffice for all of these items and make it a bit easier for the evaluator.)

I. Overall evaluation of student intern (please check one):

- _____ A. Outstanding
- _____ B. Superior
- _____ C. Average, Expected
- _____ D. Adequate, but limited
- _____ E. Unsatisfactory

Dates/Duration of Internship: _____

Total Hours spent on Internship: _____

II. The following are a set of characteristics describing performance in a job. If one or more do not apply to your internship position, please ignore them. Please assign a rating after each characteristic you use according to a scale of 5 (most satisfactory) to 1 (least satisfactory). Feel free to add specific comments where appropriate either here, on the back of this sheet, or on a separate sheet or letter.

<u>Rating</u>	<u>Characteristics</u>	<u>Comments</u>
_____ A.	Demonstrates initiative and dependability	_____
_____ B.	Demonstrates understanding of how groups and individuals respond to each other	_____
_____ C.	Demonstrates sensitivity to the populations being served	_____
_____ D.	Interest, enthusiasm, cooperation on the job	_____
_____ E.	Willingness to put forth the necessary effort to learn from this experience	_____
_____ F.	Judgment - Good decision-making skills	_____
_____ G.	Ability to communicate tactfully and professionally with the population being served	_____
_____ H.	Oral and/or written communication of ideas, plans, etc.	_____

III. It would be helpful to us if you could please take the time to compose a paragraph or two describing your general evaluation of the student who shadowed you. Though this will not be shared with the student, this evaluation will be used as a learning tool for both the student and his or her academic advisor: thus it should be frank and informative. This paragraph may be written on the reverse of this sheet or on a separate page.

IV. We would be pleased to know if you have any comments or suggestions relating to the service experience that may help us make it better. Also, please let us know if you would be interested in supervising other students. Thank you very much for your time and effort working with our student in this process.

Your Signature: _____ Date: _____

Please return either a hard copy or an email attachment of this form to: (cut & paste address if you wish)

Libby Jacobs
 Administrative Assistant
 Hiram College
 Gerstacker 116
 P.O. Box 67
 Hiram, OH 44234

Other Contact Information:
 email: jacobse1@hiram.edu
 fax: 330 569-5264
 office: 330 569-5448

Libby Jacobs
 Administrative Assistant, Hiram College
 Gerstacker 116
 P.O. Box 67
 Hiram, OH 44234